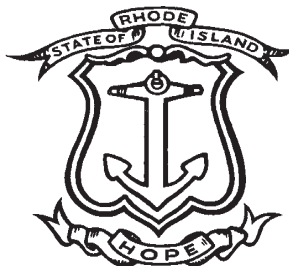


FOR OFFICE USE ONLY

SLP/Audiology Prov. Checklist

- ☐ App. & Fee
- ☐ Date: _____ Check _____
- ☐ Birth Certificate/Legal Entry
- ☐ Photo
- ☐ Transcript
- ☐ Praxis Score
- ☐ Clock Hours
- ☐ Letters of Reference
- ☐ SSN



FOR OFFICE USE ONLY

Application Approved:

Prov. License Number:

Issue Date:

Signature of Board Administrator

ID#:

Receipt #:

**Rhode Island
Board of Examiners of
Speech Language Pathology and Audiology**

Room 104
3 Capitol Hill
Providence, RI 02908-5097

***Instructions and Application For
Provisional License As An***

- ☐ Audiologist
- ☐ Speech Language Pathologist

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

Revised 09/05/2006 awp

License # _____
Name _____

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

Application Process Overview.....	3
Instructions for Completing Application.....	4
Application Materials	
Application.....	5-8
Application Checklist.....	9
Mandatory Addendum to License Application - Social Security Number Verification.....	10

Licensure Requirements

U.S. Graduates

- Application fee of **\$31.50** for provisional license.
- Recent passport type photograph (2" X 2" head and shoulder view).
- Birth certificate (***original or a copy notarized as being a true copy of the original***), or if born outside the United States, proof of citizenship or lawful alien status, (***original or a copy notarized as being a true copy of the original***).
- Official graduate transcript from an ASHA accredited institution, which includes the degree granted and date awarded.
- Documentation of clock hours directly from an ASHA accredited institution.
- Praxis score sent directly from the Educational Testing Service (ETS) (609-771-7395).
- Two (2) original statements of good moral character from two (2) unrelated people in original form dated no later than six (6) months previous. Letters must be signed, dated and have a return address.

Rules and Regulations/Laws

The "Rules and Regulations for Licensing Speech Pathologists and Audiologists" can be obtained at the following web site:

http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH_2569.pdf

Title 5, Chapter 48, entitled: Speech Pathology and Audiology can be downloaded at the following web site:

<http://www.rilin.state.ri.us/statutes/title5/5-48/INDEX.HTM>

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Examiners of Speech Language Pathology and Audiology (Board).

Application Process

In addition to the application, you must submit additional information directly to the Board. ***All applicable items listed on the “Application Checklist”*** (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year, a new application must be submitted.

Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have a malpractice, criminal or disciplinary history in Rhode Island, or another state, it can take an additional 2 or 3 months to process your application.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. The Board may be emailed an address change. The email address is located at the following web site.

<http://www.health.ri.gov/hsr/professions/speech.php>

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:

<http://www.health.ri.gov/hsr/professions/license.php>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed for eligibility and approval.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-2828.

INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

Completing your Application

1. Complete the application (pages 5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make check or money order (in U.S. funds only) for the application fee of **\$31.50** payable to **Rhode Island General Treasurer** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is NON-REFUNDABLE.
3. A completed official graduate transcript **sent directly** from an ASHA accredited institution to the Board at the address below. No student copies will be accepted.
4. Praxis score **sent directly** from the **ETS (Telephone 1-609-771-7395)** to the Board at the address below.
5. Documentation of completed clock hours of supervised, direct clinical experience, sent directly from an ASHA accredited institution to the Board at the address below.
6. Mail the application and documentation to:

**Rhode Island Department of Health
Board of Examiners of Speech Language
Pathology and Audiology, Room 104
3 Capitol Hill
Providence, RI 02908-5097**

11. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my provisional license to practice as a Speech Language Pathologist or Audiologist in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Examiners of Speech Language Pathology and Audiology of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant _____

Date of Signature (MM/DD/YY) _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp) _____

Signature of Notary _____

Notary Seal

Notary No/Commission No. _____

Commission Expiration Date (MM/DD/YY) _____

12. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph, and provide the date that the photograph was taken.

Date of Photograph

APPLICATION CHECKLIST

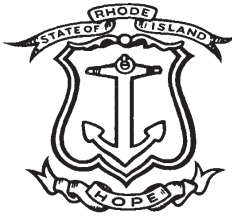
Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- ☐ I have read and understand the “Instructions for Completing the Application”.
- ☐ I have completed the Rhode Island Board application as instructed (pages 5-8).
- ☐ I have attached the cover page of the application.
- ☐ I have completed Section 11, “**Affidavit of Applicant**”, and had the form notarized by a notary public.
- ☐ I have attached a photograph to Section 12, “**Recent Photograph**” as instructed. I have verified that it meets the photograph requirements as stated in the application.
- ☐ I have attached a birth certificate (***original or a copy notarized as being a true copy of the original***), or if born outside the United States, proof of citizenship or lawful alien status, (***original or a copy notarized as being a true copy of the original***), and understand that submitted documents will not be returned.
- ☐ I have a **check or money order** (preferred), made payable (in U.S. funds only) to the: “**Rhode Island General Treasurer**” in the amount of **\$31.50** and attached it to the upper left-hand corner of the first (Top) page of the application.
- ☐ I have arranged my Board Application materials in the following order.
 - 1. Fee (attached as instructed).
 - 2. Board Application (including cover page) and pages 5-8.
 - 3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] **MUST** indicate the section for which the information is being reported.]
- ☐ I have mailed the above application materials directly to the Rhode Island Board of Examiners of Speech Language Pathology and Audiology.

Other Documents

- ☐ I have requested a school transcript and my Praxis Score (ETS) as instructed.
- ☐ I have requested two (2) statements of good moral character be sent to the RI Board of Examiners of Speech Language Pathology and Audiology.



Rhode Island Department of Health

3 Capitol Hill, Providence RI , 02908-5097

MANDATORY ADDENDUM TO LICENSE APPLICATION Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. . These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

Licensee Declaration

- ☐ I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- ☐ I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the tax administrator.
- ☐ I am currently pursuing administrative review of taxes owed to the state.
- ☐ I am in federal bankruptcy. (Case # _____)
- ☐ I am in state receivership. (Case # _____)
- ☐ I have been discharged from bankruptcy. (Case # _____)

Type of Professional License for which you are applying.

Full Name (Please Print or Type)

Social Security Number

Signature

Phone Number (including area code if not 401)

Date

This form must be completed, signed and attached to your license application for processing.